

Spring Hill Independent School District Student Health Advisory Committee

Parent Member Application Form

Name: _____

Address: _____

Contact Phone Number(s): _____

Email: _____

By Submitting this form, I certify that (please initial):

_____ I am NOT a current employee of SHISD

_____ I am able to attend at least four morning meetings per year

_____ I have submitted a background check form to my child's school this year (this form may be obtained at the district administrative office).

_____ Members of my immediate family do NOT own or work for a company or organization which provides goods or services to SHISD (if yes, please describe below:)

Please list the name and grade level of any children you have that attend school in SHISD:

Student Name	Student Grade Level

Please list the city and state of your residence for the last 10 years, beginning with the most recent:

City, State	Duration of Residence

Please List Your Educational Background, from High School:

Degree or Diploma	School	Year Obtained

Please describe any relevant professional background or experience which would make you an excellent candidate for SHAC membership:

Please List any Previous Volunteer Experience Within SHISD:

Activity/Position	Duties	Year

Please list/describe any relevant Community Organizations or Service Activities that you have participated in:

Please describe briefly why you are interested in serving as a parent member of SHAC:

Which areas of SHAC activity are you particularly qualified for or interested in assisting with?

- | | |
|---|---|
| <input type="checkbox"/> Nutritional Services | <input type="checkbox"/> Family Violence and Sex Trafficking Awareness and Prevention |
| <input type="checkbox"/> Physical Education | <input type="checkbox"/> Safe and Healthy School Environment |
| <input type="checkbox"/> Staff Wellness | <input type="checkbox"/> Health Services |
| <input type="checkbox"/> Counseling and Guidance Services | <input type="checkbox"/> Cardiovascular Disease and Type 2 Diabetes Prevention |
| <input type="checkbox"/> Mental and Emotional Wellness | <input type="checkbox"/> Other |
| <input type="checkbox"/> Obesity Prevention | _____ |
| <input type="checkbox"/> Health Education | _____ |
| <input type="checkbox"/> Parent Involvement | |
| <input type="checkbox"/> Substance Abuse Prevention | |

Signature: _____

Thank you for your Interest! Please return this form to:

Cathy Reed

Administrative Assistant to the Superintendent

3101 Spring Hill Road, Longview, TX 75605

creed@shisd.net

For Questions or more information, please call: 903-323-7740